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PTO/SB/21 (modified)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

01/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office	
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/413,012
		Filing Date	October 5, 1999
		First Named Inventor	Albert K. Chin
		Group Art Unit Number	Not Yet Known
		Examiner Name	Not Yet Known
Total Number of Pages in This Submission	7**	Attorney Docket Number	4496

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Information Disclosure Statement & PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Power of Attorney	<input type="checkbox"/>

REMARKS: ** "Total Number of Pages in This Submission" does not include cited reference.

SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Dana S. Rao/Reg. No. 43,875	Dated:	11/5/99

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Dana S. Rao	Dated:	11/5/99
Express Mail Mailing Number (optional):			

0002/PTO(modified)
Rev. 10/95

U.S. Department of Commerce
Patent and Trademark Office

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$).00**

Complete if Known

Application Number	09/413,012
Filing Date	October 5, 1999
First Named Inventor	Albert K. Chin
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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †
- ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.

Deposit Account Number: 19-2555
Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:
[] Check [] Other

FEE CALCULATION (fees effective 11/12/98)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$760	201/\$380	Utility Filing	<input type="checkbox"/>
106/\$310	206/\$155	Design Filing	<input type="checkbox"/>
108/\$760	208/\$380	Reissue	<input type="checkbox"/>
114/\$150	214/\$75	Provisional Filing	<input type="checkbox"/>
SUBTOTAL (1)			(\$).00

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$78	202/\$39	Independent claims in excess of 3
104/\$260	204/\$130	Multiple dependent claim
109/\$78	209/\$39	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="checkbox"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="checkbox"/>
115/\$110	215/\$55	Extension for response within first month†	<input type="checkbox"/>
116/\$380	216/\$190	Extension for response within second month†	<input type="checkbox"/>
117/\$870	217/\$435	Extension for response within third month†	<input type="checkbox"/>
118/\$1,380	218/\$680	Extension for response within fourth month†	<input type="checkbox"/>
128/\$1,850	228/\$925	Extension for response within fifth month†	<input type="checkbox"/>
119/\$300	219/\$150	Notice of Appeal	<input type="checkbox"/>
141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application	<input type="checkbox"/>
142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)	<input type="checkbox"/>
143/\$430	243/\$215	Design Issue Fee	<input type="checkbox"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="checkbox"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="checkbox"/>
126/\$240	126/\$240	Submission of Information Disclosure Statement	<input type="checkbox"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
146/\$760	246/\$380	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
149/\$760	249/\$380	For each additional invention to be examined (37 CFR 1.129(b))	<input type="checkbox"/>
Other fee (specify):			<input type="checkbox"/>
Other fee (specify):			<input type="checkbox"/>
SUBTOTAL (3)			(\$).00

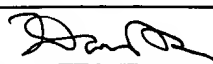
(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**		
TOTAL		minus*	20 or	=	x		
INDEP		minus*	3 or	=	x		
[] First presentation of multiple dependent claim							

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$).00**

SUBMITTED BY

Typed or Printed Name	Dana S. Rao	Complete (if applicable)	
Signature		Reg. Number	43,875
		Date	11/5/99

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby